

NOTICE OF INDEPENDENT REVIEW DECISION

February 5, 2003

Re: IRO Case # M2-02-1153

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 24-year-old male who works as a sales associate and injured his back on ___ when he attempted to squat. He felt acute onset of left sided back pain. The patient was treated initially with physical therapy and three weeks of work hardening. An interim FCE on 7/30/02 following three weeks of work hardening noted that the patient was unable to safely and independently perform job requirements. He did not demonstrate the tolerance to maintain a long static position, such as crouching or stooping greater than on an occasional basis, or standing for over three hours without an increase of pain. Psychological factors were noted secondary to fear of aggravating symptoms and injury.

Requested Service

Additional three weeks (15 sessions) work hardening program

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The FCE rates the patient's pain as only 2 out of 10 at most, increased with prolonged standing, sitting or walking. He is unable to sit greater than 90 minutes and stand or walk greater than five hours without increased pain. The primary limiting factor is stated as increased low back pain when required to stand for long periods of time. The patient has been returned to work under modified duty allowing him to take frequent breaks, change positions and sit or stretch. Other job tasks that are listed and tested show that the patient is able to perform lifting, pushing and pulling tasks adequately. He also demonstrated the ability to adequately and safely maintain a stooped position. It appears therefore that the patient would be able to return to work in some light duty or modified duty capacity.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 6th day of February 2003.